

06:12

14083421909

CSG IP LAW

PAGE 02/03

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or **Fax** (571)-273-2885

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

53186

7590

04/05/2007

COURTNEY STANIFORD & GREGORY LLP  
P.O. BOX 9686  
SAN JOSE, CA 95157

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Richard L. Gregory, Jr. (Depositor's name)  
*[Signature]* (Signature)  
April 23, 2007 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/800,451	03/15/2004	Steven A. Daniel	RSCT.P002	1227

TITLE OF INVENTION: THERMAL COAGULATION OF TISSUE DURING TISSUE RESECTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	07/05/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				
PEFFLEY, MICHAEL F	3739	606-041000				

04/23/2007 BESHARH 00000073 10000451

01 FC:2501  
02 FC:1504700.00 09  
300.00 09

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Courtney Stanford &amp; Gregory LLP

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Resect Medical, Inc.

Fremont, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.  
☒ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 603616 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

**NOTE:** The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

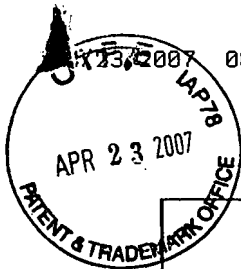
Date April 23, 2007

Typed or printed name Richard L. Gregory, Jr.

Registration No. 42,607

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CERTIFICATE OF TRANSMISSION VIA FACSIMILE**

I hereby certify that this correspondence is being transmitted via facsimile on **April 23, 2007** to **Mail Stop Issue Fee**, at (571) 273-2885 and addressed to Mail Stop ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Richard L. Gregory, Jr.

(Typed or printed name of person mailing paper(s) or fee(s))

*Richard L. Gregory, Jr.*

(Signature of person transmitting paper or fee)

April 23, 2007

(Date signed)

Serial/Patent No.: 10/800,451 Filing/Issue Date: March 15, 2004

Title: Thermal Coagulation of Tissue During Tissue Resection

Atty. Docket No.: RSCT.P002

Date Transmitted: April 23, 2007

The following has been received in the U.S. Patent & Trademark Office on the date stamped hereon:

- |  |  |
|--|--|
| <input type="checkbox"/> Amendment/Response ( _ pgs.)                              | <input type="checkbox"/> Petition for Extension of Time ( _ month(s))                        |
| <input type="checkbox"/> Preliminary Amendment ( _ pgs.)                           | <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A                       |
| <input type="checkbox"/> Application - Utility ( _ pgs.)                           | <input checked="" type="checkbox"/> Issue Fee Transmittal                                    |
| <input type="checkbox"/> Application - Rule 1.53(b) Contin. ( _ pgs.)              | <input type="checkbox"/> Submission of Formal Drawings                                       |
| <input type="checkbox"/> Application - Rule 1.53(b) Divis. ( _ pgs.)               | <input type="checkbox"/> Notice of Appeal  |
| <input type="checkbox"/> Application - Rule 1.53(b) CIP ( _ pgs.)                  | <input type="checkbox"/> Appeal Brief ( _ pgs. in triplicate)                                |
| <input type="checkbox"/> Application - Rule 1.53(d) CPA ( _ pgs.)                  | <input type="checkbox"/> Reply Brief   |
| <input type="checkbox"/> Application - PCT ( _ pgs.)                               | <input type="checkbox"/> Response to Notice of Missing Parts                                 |
| <input type="checkbox"/> Application - Provisional ( _ pgs.)                       | <input type="checkbox"/> Utility Patent Application Transmittal                              |
| <input type="checkbox"/> Drawings ( _ sheets)                                      | <input type="checkbox"/> Fee Transmittal (in duplicate)                                      |
| <input type="checkbox"/> Declaration & POA ( _ pgs.)                               | <input type="checkbox"/> Itemized Postcard   |
| <input type="checkbox"/> Assignment & Cover Sheet ( _ pgs.)                        | <input checked="" type="checkbox"/> Certificate Of Transmission via Facsimile ( <u>1</u> pg) |
| <input type="checkbox"/> Power of Attorney ( _ pgs.)                               | <input type="checkbox"/> Express Mail No. _____  |
| <input type="checkbox"/> Nonpublication Request (35 USC 122(b))                    | <input type="checkbox"/> Check No. _____ Amt. _____  |
| <input checked="" type="checkbox"/> Other <u>Credit Card Payment Form PTO-2038</u> |  |